

I declare that the information I have given on the application form for a licence submitted electronically on is correct and complete, that I will advise you of any other changes to the information contained therein and that I agree to the information being used for benefit fraud checks as determined necessary to the Council.

Signature:	
Name (In block capitals):	
Date:	
Applicant/Agent/Director/Partner (delete as appropriate):	
Signature:	
Name (In block capitals):	
Date:	
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Applicant/Agent/Director/Partner (delete as appropriate):

Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable on summary conviction to a fine not exceeding £500.